MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project
Advisory Group and Interested Parties

FROM: John Pandiani
Rachel Mayer

DATE: October 8, 1999

RE: 72-Hour Hold

One of the greatest changes in public mental health practice patterns in recent years has been the initiation of involuntary inpatient care in general hospitals in Vermont. In November of 1994, the Vermont Department of Developmental and Mental Health Services began its program of involuntary psychiatric care in general hospitals at the Medical Center Hospital of Vermont in Burlington. Previously, involuntary inpatient care had been provided only at the Vermont State Hospital. Three other facilities have subsequently joined this program: Central Vermont Hospital in July 1995, Windham Center (Southeastern Vermont) in June 1996, and Rutland Medical Center in December 1997. The attached graph charts the utilization of this treatment option on a month by month basis. In addition, the graph charts the disposition of these patients at the end of their 72-hour stay. At the outset, three dispositions were possible. At the end of a 72- hour hold, patients could be discharged to the community, continued in the general hospital on a voluntary basis, or transferred to the Vermont State Hospital. Beginning in August 1998, patients could be continued as involuntary patients in the general hospital.

As you will see, there has been a great deal of variation from month to month in the number of admissions to 72 hour. Overall, however, there appears to be an upward trend in the number of admissions. Throughout the period, the number of patients discharged to the community after 72-hour hold has remained small. Continuation in the general hospitals on a voluntary basis has been the most frequent disposition throughout the period. Transfers to the state hospital were common between mid 1997 and mid 1998, but have decreased substantially since the initiation of continued involuntary care in the general hospitals.

We expect that rates of utilization of involuntary treatment options, and the success of DDMHS in its attempt to become a system without coercion will continue to be a major focus of performance monitoring in Vermont for some time to come. We will appreciate your suggestions, comments, and questions to 802-241-2638 or jpandiani@ddmhs.state.vt.us.

Patients Admitted to General Hospitals for 72 Hour Hold and Dispostion at End: Nov. 1994 - Sept. 1999